


ACORDTM		COMMERCIAL INSURANCE APPLICATION				DATE (MM/DD/YY) 09/01/21											
PRODUCER		PHONE (A/C, No, Ext): 855 874-1396		CARRIER Mt. Hawley Insurance Company		UNDERWRITER											
USI Insurance Services LLC 6100 Fairview Road, Suite 800 Charlotte, NC 28210				POLICIES OR PROGRAM REQUESTED GGL0019322													
CODE: SUB CODE: AGENCY CUSTOMER ID 1444619				INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER											
				PROPERTY		INSTALLATION/BUILDERS RISK		GARAGE AND DEALERS									
				GLASS AND SIGN		ELECTRONIC DATA PROC		VEHICLE SCHEDULE									
				ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		BOILER & MACHINERY									
				CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		WORKERS COMPENSATION									
		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS		UMBRELLA											
STATUS OF SUBMISSION				PACKAGE POLICY INFORMATION													
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY BOUND (Give Date and/or Attach Copy): <div style="display: flex; justify-content: space-between;"> <div>DATE</div> <div>TIME</div> <div>AM</div> <div>PM</div> </div>				ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PROPOSED EFF DATE</th> <th>PROPOSED EXP DATE</th> <th>BILLING PLAN</th> <th>PAYMENT PLAN</th> <th>AUDIT</th> </tr> <tr> <td>08/31/21</td> <td>08/31/22</td> <td> <input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL </td> <td></td> <td></td> </tr> </table>				PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	08/31/21	08/31/22	<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL		
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT													
08/31/21	08/31/22	<input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL															
APPLICANT INFORMATION																	
NAME (First Named Insured & Other Named Insureds) 1. Beach Cruiser, LLC 40 Ounce Highway, LLC.																	
MAILING ADDRESS (of First Named Insured) PO Box 20138 Atlanta, GA 30325																	
INDIVIDUAL		CORPORATION		SUBCHAPTER "S" CORPORATION		NOT FOR PROFIT ORGANIZATION											
PARTNERSHIP		JOINT VENTURE		<input checked="" type="checkbox"/>		YEARS IN BUSINESS											
INSPECTION CONTACT		PHONE (A/C, No, Ext):		ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext):											
Lindsay Nevin																	
PREMISES INFORMATION																	
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED										
1		146 President Street Unit B Charleston, Charleston County, SC 29403	<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER												
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT												
2		146 President Street Unit C Charleston, Charleston County, SC 29403	<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER												
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT												
		(See Attached Premises Schedule.)	<input type="checkbox"/> INSIDE	<input type="checkbox"/>	OWNER												
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/>	TENANT												
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)																	
Real Estate Investors																	
GENERAL INFORMATION																	
EXPLAIN ALL "YES" RESPONSES				YES	NO	EXPLAIN ALL "YES" RESPONSES											
						YES	NO										
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<input checked="" type="checkbox"/>		4. ANY CATASTROPHE EXPOSURE?											
						5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				<input checked="" type="checkbox"/>		6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS?											
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				<input checked="" type="checkbox"/>													
REMARKS																	
APPLICANT'S SIGNATURE				PRODUCER'S SIGNATURE		Signature not on file.											
																	
ACORD 125 (3/93) 1 of 3 #472455				PLEASE COMPLETE REVERSE SIDE		TXMH3@ACORD CORPORATION 1993											

PRIOR CARRIER INFORMATION																	
LINE	CATEGORY	YEARS:			YEARS:			YEARS:			YEARS:			YEARS:			
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE
	RETRO DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE				OCCURRENCE				OCCURRENCE				OCCURRENCE			
		AGGREGATE				AGGREGATE				AGGREGATE				AGGREGATE			
	PROPERTY DAMAGE	OCCURRENCE				OCCURRENCE				OCCURRENCE				OCCURRENCE			
		AGGREGATE				AGGREGATE				AGGREGATE				AGGREGATE			
	COMBINED SINGLE LIMIT																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON				EA PERSON				EA PERSON				EA PERSON			
		EA ACCIDENT				EA ACCIDENT				EA ACCIDENT				EA ACCIDENT			
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
		BLD		PERS PROP	AMT												
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
LOSS HISTORY																	
ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS										CHECK HERE IF NONE		SEE ATTACHED LOSS SUMMARY					
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM			DATE OF CLAIM	AMOUNT PAID		AMOUNT RESERVED		CLAIM STATUS							
										OPEN							
										CLOSED							
										OPEN							
										CLOSED							
										OPEN							
										CLOSED							
										OPEN							
										CLOSED							
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY																	
ACORD 125 (3/93) 2 of 3 #472455																	

PREMISES INFORMATION (Continued from page 1.)

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE	CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED
3		146 President Street Unit D Charleston, Charleston County, SC 29403	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
4		119 Ashley Avenue Charleston, Charleston County, SC 29401	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
5		50 Bogard Street Charleston, Charleston County, SC 29403	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
6		Vacant Land Charleston, Charleston County, SC 29403	<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	